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APPROVED
Jen W
Aug 26/2004

**REQUEST FOR WITHDRAWAL
 AS ATTORNEY OR AGENT
 AND CHANGE OF
 CORRESPONDENCE ADDRESS**

Application Number	09/943,531
Filing Date	August 30, 2001
First Named Inventor	Carl RISINGER
Art Unit	1634
Examiner Name	D. Johannsen
Attorney Docket Number	532592002000

Commissioner for Patents
 To: P.O. Box 1450
 Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number 25225

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This withdrawal is being made at the request of the applicant.

CORRESPONDENCE ADDRESS

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

Customer Number:

OR

Firm or Individual Name: Bruce D. Grant
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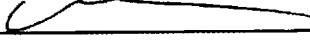
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.